In re	William T. Galde Stacey K. Galde	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):			
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):			
Case Number:		☐ The presumption arises.			
	(If known)	■ The presumption does not arise.			
		\square The presumption is temporarily inapplicable.			

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	 a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7	7) E	XCLUSION	
	Marital/filing status. Check the box that applies and complete the balance of this part of this state			
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.			
	b. \square Married, not filing jointly, with declaration of separate households. By checking this box, d			
2	"My spouse and I are legally separated under applicable non-bankruptcy law or my spouse an			
2	purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete of For Lines 3-11.			
	c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.1 ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.	o abo	ve. Complete b	oth Column A
	d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("	Spou	se's Income'')	for Lines 3-11.
	All figures must reflect average monthly income received from all sources, derived during the six		Column A	Column B
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the		Debtor's	Spouse's
	six-month total by six, and enter the result on the appropriate line.		Income	Income
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	21,185.00	\$ 0.0
	Income from the operation of a business, profession or farm. Subtract Line b from Line a and			
	enter the difference in the appropriate column(s) of Line 4. If you operate more than one			
	business, profession or farm, enter aggregate numbers and provide details on an attachment. Do			
4	not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.			
4	Debtor Spouse			
	a. Gross receipts \$ 0.00 \$ 0.00			
	b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00			
	c. Business income Subtract Line b from Line a	\$	0.00	\$ 0.0
	Rent and other real property income. Subtract Line b from Line a and enter the difference in			
	the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any			
_	part of the operating expenses entered on Line b as a deduction in Part V.			
5	Debtor Spouse			
	a. Gross receipts \$ 0.00 \$ 0.00 b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00			
	c. Rent and other real property income Subtract Line b from Line a	\$	0.00	\$ 0.0
6	Interest, dividends, and royalties.	\$	0.00	\$ 0.0
7	Pension and retirement income.	\$	0.00	\$ 0.0
	Any amounts paid by another person or entity, on a regular basis, for the household	Ť		-
	expenses of the debtor or the debtor's dependents, including child support paid for that			
8	purpose. Do not include alimony or separate maintenance payments or amounts paid by your			
	spouse if Column B is completed. Each regular payment should be reported in only one column;	Φ.	0.00	¢ 0.0
	if a payment is listed in Column A, do not report that payment in Column B.	\$	0.00	\$ 0.0
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a			
	benefit under the Social Security Act, do not list the amount of such compensation in Column A			
9	or B, but instead state the amount in the space below:			
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	•	0.00	\$ 0.0
-	Income from all other sources. Specify source and amount. If necessary, list additional sources	Ψ	0.00	Ψ 0.0
	on a separate page. Do not include alimony or separate maintenance payments paid by your			
	spouse if Column B is completed, but include all other payments of alimony or separate			
	maintenance. Do not include any benefits received under the Social Security Act or payments			
10	received as a victim of a war crime, crime against humanity, or as a victim of international or			
	domestic terrorism. Debtor Spouse			
	a. Spouse \$			
	b. \$ \$			
	Total and enter on Line 10	\$	0.00	\$ 0.0
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	21,185.00	\$ 0.0
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u> </u>	,	3.4

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12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		21,185.00				
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION						
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	254,220.00				
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: CA b. Enter debtor's household size: 5	\$	83,211.00				
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. ☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.						
	■ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCUL	ATION OF CURE	REN	MONTHLY INCOM	ME FOR § 707(b) (2	2)	
16	Enter the amount from Line 12.					\$	21,185.00
17	Marital adjustment. If you checked Column B that was NOT paid on a dependents. Specify in the lines be spouse's tax liability or the spouse's amount of income devoted to each not check box at Line 2.c, enter zero.	regular basis for the ho ow the basis for exclude support of persons oth purpose. If necessary, l	ouseho ding th her tha	ld expenses of the debtor or e Column B income (such a n the debtor or the debtor's of	the debtor's s payment of the dependents) and the		
	a. b. c. d. Total and enter on Line 17			\$ \$ \$ \$		\$	0.00
18	Current monthly income for § 70	7(b)(2). Subtract Line	17 fro	m Line 16 and enter the resu	ılt.	\$	21,185.00
	Part V. C	ALCULATION C)F D	EDUCTIONS FROM	INCOME		
	Subpart A: De	luctions under Star	ndard	s of the Internal Revenu	e Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				formation is available persons is the number	\$	1,746.00
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.						
	Persons under 65 yea a1. Allowance per person	rs of age 60 a	12.	Persons 65 years of age Allowance per person	or older 144		
	b1. Number of persons	5 b	2.	Number of persons	0		
	c1. Subtotal	300.00 c		Subtotal	0.00	\$	300.00
	Local Standards: housing and uti						
	Utilities Standards: non-mortgage e						
20A	Utilities Standards; non-mortgage of available at www.usdoj.gov/ust/ or the number that would currently be	from the clerk of the b	ankrup	otcy court). The applicable fa	amily size consists of		

20B	Local Standards: housing and utilities; mortgage/rent expense. E Housing and Utilities Standards; mortgage/rent expense for your cou available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your feany additional dependents whom you support); enter on Line b the to debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.	nty and family size (this information is court) (the applicable family size consists of deral income tax return, plus the number of tal of the Average Monthly Payments for any n Line a and enter the result in Line 20B. D)			
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$ 2,948.00	믜			
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00	اا			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$	2,948.00		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entity Standards, enter any additional amount to which you contend you are contention in the space below:	I that the process set out in Lines 20A and tled under the IRS Housing and Utilities	\$	0.00		
	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 8.	of whether you pay the expenses of operating	a			
22A	-					
	□ 0 □ 1 ■ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amorganishms are the standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$	612.00		
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for					
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) ☐ 1 ■ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the content of the	ship/lease expense for more than two				
23	(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Lithe result in Line 23. Do not enter an amount less than zero.	ge				
	a. IRS Transportation Standards, Ownership Costs	\$ 517.00)			
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 499.00	,			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		18.00		
24	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average					
	a. IRS Transportation Standards, Ownership Costs	\$ 517.00)			
	Average Monthly Payment for any debts secured by Vehicle b. 2 as stated in Line 42	\$ 34.92	,			
	b. 2, as stated in Line 42 c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	482.08		
	Other Necessary Expenses: taxes. Enter the total average monthly e		-			
25	state and local taxes, other than real estate and sales taxes, such as increase security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$	12,115.00		

26	Other Necessary Expenses: involuntary deductions for deductions that are required for your employment, such as Do not include discretionary amounts, such as voluntary	\$	0.00			
27	Other Necessary Expenses: life insurance. Enter total a life insurance for yourself. Do not include premiums for any other form of insurance.	\$	0.00			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.					
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
30	Other Necessary Expenses: childcare. Enter the total av childcare - such as baby-sitting, day care, nursery and pres		\$	0.00		
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.					
32	Other Necessary Expenses: telecommunication services actually pay for telecommunication services other than you pagers, call waiting, caller id, special long distance, or interwelfare or that of your dependents. Do not include any arms.	\$	0.00			
33	Total Expenses Allowed under IRS Standards. Enter th	ne total of Lines 19 through 32.	\$	18,842.08		
24	Health Insurance, Disability Insurance, and Health Sav the categories set out in lines a-c below that are reasonably dependents.					
34	a. Health Insurance	\$ 1,688.00				
	b. Disability Insurance	\$ 0.00				
	c. Health Savings Account	\$ 0.00	\$	1,688.00		
	Total and enter on Line 34.					
	If you do not actually expend this total amount, state yo below:	our actual total average monthly expenditures in the space				
	\$					
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable a ill, or disabled member of your household or member of your expenses.	and necessary care and support of an elderly, chronically	\$	0.00		
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable a ill, or disabled member of your household or member of your	and necessary care and support of an elderly, chronically our immediate family who is unable to pay for such ge reasonably necessary monthly expenses that you let the Family Violence Prevention and Services Act or	\$	0.00		
	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable a ill, or disabled member of your household or member of your expenses. Protection against family violence. Enter the total average actually incurred to maintain the safety of your family und other applicable federal law. The nature of these expenses Home energy costs. Enter the total average monthly amo Standards for Housing and Utilities, that you actually expetrustee with documentation of your actual expenses, and	and necessary care and support of an elderly, chronically our immediate family who is unable to pay for such ge reasonably necessary monthly expenses that you let the Family Violence Prevention and Services Act or is required to be kept confidential by the court. Junt, in excess of the allowance specified by IRS Local and for home energy costs. You must provide your case	\$	0.00		
36	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable a ill, or disabled member of your household or member of your expenses. Protection against family violence. Enter the total average actually incurred to maintain the safety of your family und other applicable federal law. The nature of these expenses Home energy costs. Enter the total average monthly amo Standards for Housing and Utilities, that you actually expenses	and necessary care and support of an elderly, chronically our immediate family who is unable to pay for such ge reasonably necessary monthly expenses that you let the Family Violence Prevention and Services Act or is required to be kept confidential by the court. The end for home energy costs. You must provide your case do you must demonstrate that the additional amount lance at a private or public elementary or secondary ge. You must provide your case trustee with explain why the amount claimed is reasonable and				

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	ex St or	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	0.00	
40	Co	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).					\$	0.00	
41	To	otal	Additional Expense Deductio	ons under § 707(b). Enter the total of	Line	s 34 through 40		\$	1,988.00
	•			Subpart C: Deductions for De	ebt]	Payment			
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and								
			Name of Creditor	Property Securing the Debt	1	Average Monthly Payment	Does payment include taxes or insurance?		
	-	a.	Check Into Cash	2001 Toyota Corolla	\$	34.92	□yes ■no		
	-	b.	GM Financial	2009 Chevrolet Suburban	\$	499.00	□yes ■no		
	-					Total: Add Lines		\$	533.92
43	payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor								
44	Pa pr	a. aym	-NONE- ents on prepetition priority cl ty tax, child support and alimon	aims. Enter the total amount, divided by claims, for which you were liable at		\$ T O, of all priority cl	otal: Add Lines	\$	0.00
44	Pa pr no	a. aym iorit ot in	-NONE- ents on prepetition priority cl ty tax, child support and alimon clude current obligations, suc	aims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28.	the t	T), of all priority clime of your banki	otal: Add Lines aims, such as ruptcy filing. Do	\$	0.00 42.95
44	Pa pr no	a. aym iorit ot in hap nart,	ents on prepetition priority clay tax, child support and alimoneclude current obligations, suctor 13 administrative expenses multiply the amount in line a b Projected average monthly clay current multiplier for your dissued by the Executive Officinformation is available at with bankruptcy court.)	aims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28. If you are eligible to file a case under you have amount in line b, and enter the results.	the ter chaesulti	S T O, of all priority clime of your banks apter 13, complete	otal: Add Lines aims, such as ruptcy filing. Do the following expense. 0.00		42.95
	Propression of the control of the co	a. aymriorit ot in hap nart,	ents on prepetition priority clay tax, child support and alimoniculate current obligations, such ter 13 administrative expenses multiply the amount in line a base of the Projected average monthly clay current multiplier for your dissued by the Executive Officinformation is available at with bankruptcy court.) Average monthly administrative and alimonicular transfer of the projected average monthly clays and the projected average monthly clays and the projected average monthly clays and the projected average monthly administrative clays and the projected average monthly clays and the projected average monthly clays are clays and the projected average monthly clay	laims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28. If you are eligible to file a case under y the amount in line b, and enter the reshapter 13 plan payment. In istrict as determined under schedules the for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of	the ter chaesulti	\$ TO, of all priority clime of your banking administrative	otal: Add Lines aims, such as ruptcy filing. Do the following expense. 0.00	\$	
45	Propression of the control of the co	a. aymriorit ot in hap nart,	ents on prepetition priority of ty tax, child support and alimoniculate current obligations, such ter 13 administrative expenses multiply the amount in line a b Projected average monthly of Current multiplier for your dissued by the Executive Officinformation is available at with bankruptcy court.) Average monthly administrative properties of the properties of the bankruptcy court.	laims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28. s. If you are eligible to file a case under you the amount in line b, and enter the restaute 13 plan payment. istrict as determined under schedules ce for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of tive expense of chapter 13 case	the ter chaesulti	\$ TO, of all priority clime of your banking at the priority and the priori	otal: Add Lines aims, such as ruptcy filing. Do the following expense. 0.00	\$	42.95
45	Pa pr no Cl ch	a. aym iorit ot in hap nart,	ents on prepetition priority of ty tax, child support and alimoniculate current obligations, such ter 13 administrative expenses multiply the amount in line a b Projected average monthly of Current multiplier for your dissued by the Executive Officinformation is available at where the bankruptcy court.) Average monthly administrative properties of the projected average monthly administrative bankruptcy court.	laims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28. s. If you are eligible to file a case under you hapter 13 plan payment. istrict as determined under schedules be for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of tive expense of chapter 13 case t. Enter the total of Lines 42 through 4	the t	\$ TO, of all priority clime of your banking at the priority clime of your banking at the priority clime of your banking administrative obtains at the priority clime of the prio	otal: Add Lines aims, such as ruptcy filing. Do the following expense. 0.00	\$	42.95
45	Pa pr no Cl ch	a. aym iorit ot in hap nart,	ents on prepetition priority of ty tax, child support and alimonoclude current obligations, such ter 13 administrative expenses multiply the amount in line a box of the projected average monthly of the current multiplier for your dissued by the Executive Officing information is available at with the bankruptcy court.) Average monthly administrative Deductions for Debt Payment of all deductions allowed und	laims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28. s. If you are eligible to file a case under you the amount in line b, and enter the restaute 13 plan payment. istrict as determined under schedules be for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of tive expense of chapter 13 case t. Enter the total of Lines 42 through 4	\$ x To 55.	\$ TO, of all priority clime of your banks apter 13, complete ang administrative otal: Multiply Line 11, and 46.	otal: Add Lines aims, such as ruptcy filing. Do the following expense. 0.00 6.50 es a and b	\$	42.95 0.00 576.87
45	Propries CI ch	a. aym iorit ot in hap nart,	ents on prepetition priority of ty tax, child support and alimonoclude current obligations, such ter 13 administrative expenses multiply the amount in line a base of Projected average monthly of Current multiplier for your dissued by the Executive Offic information is available at which bankruptcy court.) Average monthly administrative base of all deductions allowed und Part VI. Description.	laims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28. If you are eligible to file a case under you hapter 13 plan payment. In the payment is strict as determined under schedules be for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of the expense of chapter 13 case If the total of Lines 42 through 4 thro	\$ x To	\$ TO, of all priority clime of your banks apter 13, complete ang administrative otal: Multiply Line 11, and 46.	otal: Add Lines aims, such as ruptcy filing. Do the following expense. 0.00 6.50 es a and b	\$	42.95 0.00 576.87
45	Paprino Clich	a. aym iorit iot in hap nart,	ents on prepetition priority clay tax, child support and alimoniculate current obligations, such ter 13 administrative expenses multiply the amount in line a base of Projected average monthly clay information is available at with bankruptcy court.) Average monthly administrative bankruptcy court. Deductions for Debt Payment of all deductions allowed und Part VI. Determined the amount from Line 18 (Current by tax of the amount from Line 18 (Current by tax).	laims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28. If you are eligible to file a case under you the amount in line b, and enter the restaute 13 plan payment. In the interior of the interior o	\$ x To 55.	s T O, of all priority cl ime of your banks apter 13, complete ng administrative otal: Multiply Line 11, and 46. 21) PRESUMP	otal: Add Lines aims, such as ruptcy filing. Do the following expense. 0.00 6.50 es a and b	\$ \$	0.00 576.87 21,406.95
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	Initial presumption determination. Check the applicable	e box and proceed as directed.						
52	■ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.							
32	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.							
☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 the								
53	Enter the amount of your total non-priority unsecured debt \$							
54	Threshold debt payment amount. Multiply the amount in	n Line 53 by the number 0.25 and enter the result.	\$					
	Secondary presumption determination. Check the applications of the control of the	cable box and proceed as directed.						
55	☐ The amount on Line 51 is less than the amount on L of this statement, and complete the verification in Part VII☐ The amount on Line 51 is a small to an amount on the statement.	II.						
	☐ The amount on Line 51 is equal to or greater than the of page 1 of this statement, and complete the verification is		iption arises" at the top					
	Part VII. ADDITION	ONAL EXPENSE CLAIMS						
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.							
	Expense Description	Monthly Am	ount					
	a.	\$						
	b.	\$ \$						
	c. d.	\$	—					
		Lines a, b, c, and d \$						
		. VERIFICATION						
	I declare under penalty of perjury that the information pro	ovided in this statement is true and correct. (If this is a	ioint case, both debtors					
	•							
	Date: June 20, 2014	Signature: /s/ William T. Galde William T. Galde						
57		(Debtor)						
	Date: June 20, 2014	Signature /s/ Stacey K. Galde						
	·	Stacey K. Galde						
		(Joint Debtor, į	f any)					

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.